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CONFIRMATION NO. 4500

SERIAL NUMBER 10/757,288	FILING OR 371(c) DATE 01/14/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. BIO-173-CIP
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## APPLICANTS

Yaron Keidar, Haifa, ISRAEL;

## \*\* CONTINUING DATA \*\*\*\*

This application is a CIP of 10/277,079 10/21/2002 PAT 7,001,383 *MAP*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

*Yaron Keidar*  
\*\* 04/16/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 5	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

## ADDRESS

27777

## TITLE

Prediction and assessment of ablation of cardiac tissue

FILING FEE RECEIVED 1490	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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